

**San Mateo County Community College District
Verification Statement for Field Trip/ Excursion Activity Expense**

Cañada

CSM

Skyline

Staff/Faculty/Chaperone Name: _____

Date of Request: _____

Staff/Faculty/Chaperone G#: _____

Event/Trip/ Course Name: _____

Event/Trip Date(s): _____

Event/Trip Location: _____

1. Meals:	_____	\$	
2. Lodging:	_____	\$	
3. Entry or Conference Fee:	_____	\$	
4. Transportation Expense:	_____	\$	
5. Other Authorized Expense:	_____	\$	

Total Expense for this Event/Trip: \$ _____

1. Cash Advance: Received on (date): _____	\$	
2. Cash Amount <u>to be Returned</u> to Cashier Office: _____	\$	
3. Cash Amount <u>to be Reimbursed</u> to Chaperone: _____	\$	
4. Reason for Surplus/ Insufficient Cash: _____		

Account (FOAP):

1. _____	\$	
2. _____	\$	
3. _____	\$	
4. _____	\$	
Total FOAP		\$ _____

Submit the following with this form:

1. Request for Field Trip/Excursion Approval & Meal Advance Form
2. Student Activities Checklist and Roster Form
3. Receipts to support the above expenses

College President Signature
***Overnight/ Out-of-State Trip**

Staff/Faculty/Chaperone Signature Administrator Signature VPI/ VPSS Signature College Business Officer Signature

Cashier's Office Use Only

Cash Reimbursed/ Returned Date: _____

Cashier's Initials: _____

Cash Reimbursed/ Returned Amount: \$ _____

Cash Disbursed to/ Received by: Name Signature Date